

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/510,916

FILING DATE

APPLICANT(S)

10/12/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1		1		1	
4		1		1		1
5		4		4		2
6	1		1		1	
7	1		1		1	
8		①		①		4
9	1		1		1	
10		1		1		1
11		①		4		6
12				4		6
13		①		3		6
14		①		3		6
15		①		3		6
16		①		4		6
17		①		4		6
18		①		3		6
19		①		4		6
20		①		4		6
21		①		4		6
22		①		4		6
23		①		4		6
24	1		1		1	
25		1		1		1
26		1		1		1
27	1		1		1	
28		1		1		1
29		1		1		1
30	1		1		1	
31	1		1		1	
32	1		1		1	
33		1		1		1
34		3		3		1
35		①		①		2
36		①		①		2
37		①		①		2
38		①		①		2
39		①		①		2
40		①		①		2
41		①		①		2
42		①		①		2
43		①		①		2
44		1		①		2
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	11	↓	11	↓
TOTAL DEP.			91		122	
TOTAL CLAIMS			102		133	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS